

TEXAS DEPARTMENT OF LICENSING AND REGULATION

P.O. Box 12157 - Austin, Texas 78711-2157 1-800-803-9202 - (512) 463-6599 - FAX (512) 475-2871
www.tdlr.texas.gov - Enforcement@tdlr.texas.gov

CRIMINAL HISTORY EVALUATION LETTER: DETERMINATION OF ELIGIBILITY REQUEST FORM INSTRUCTIONS

**If you are also submitting an application, do not fill out or submit this form.
This form is not part of the application process.**

YOUR REQUEST WILL NOT BE PROCESSED UNTIL ALL ITEMS HAVE BEEN SUBMITTED.

GENERAL INSTRUCTIONS

The request form must be completed and signed by the person requesting the evaluation letter. All information provided must be typed or printed in black or blue ink. The request and all attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper. Please use a paperclip to fasten all pages together, with the check or money order on top. Please do not use staples.

If you are seeking a determination of your eligibility for more than one license type you must submit a separate request and applicable fee for each license type. **You do not have to submit a separate request for each crime.**

If one check will be used to pay for multiple requests, a Combined Check Worksheet must be completed and submitted with the requests and payment. The Combined Check Worksheet is available on the Department's website.

NAME – Please write your name in the spaces provided. (Last, First, Middle Initial)

SUFFIX – Examples of a suffix include JR, SR, and II. (MR is not a suffix)

DATE OF BIRTH – Write the two digit numeric equivalent (ex: 03 for March) for the month of your birth, followed by the two digit day and the four digit year. (MM/DD/YYYY)

GENDER – Check "M" for Male or "F" for Female.

SOCIAL SECURITY NUMBER – The Social Security Number disclosure is required by Section 231.302 (1) of the Texas Family Code in order to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the Texas Attorney General at:

www.oag.state.tx.us/child/index or call (512) 460-6000 or (800) 252-8014

MAILING ADDRESS – This is the address to which the Department will mail your correspondence. Indicate the number and street, or post office box of your mailing address. Use of the zip plus-4 is not required, but it helps the postal service direct mail more efficiently and accurately.

TELEPHONE NUMBER – Write the telephone number, including area code, where we can reach you during the day. This may be your office phone number where we can leave a message.

FAX NUMBER – List any fax number where you will be able to receive documents from the Department. Leave this blank if you do not have access to a fax machine.

E-MAIL – Please provide your e-mail address. Your e-mail address is confidential pursuant to the Texas Public Information Act, and the Department will not share it with the public.

ALL NAMES BY WHICH YOU HAVE BEEN KNOWN – List any name you have ever used. This would include a maiden name, nickname, alias, etc.

LICENSE YOU ARE SEEKING – You must check the box for the license type you are requesting a criminal evaluation letter for. If you plan to apply for more than one license, a separate request and applicable fee must be submitted for each license you will be seeking.

SIGNATURE

Carefully read the statement at the bottom of the request form before you sign and date the form. Be aware that information provided on this request form, and any attachments, will be investigated. Providing false information may result in denial or revocation of any future license and the imposition of administrative penalties.

ATTACHMENTS

In order to establish the basis for your potential ineligibility please complete the applicable questionnaires listed below:

CRIMINAL HISTORY QUESTIONNAIRE

Attach a completed Criminal History Questionnaire for each conviction or deferred adjudication which you have had. This questionnaire is found at:
<http://www.tdlr.texas.gov/misc/LIC002.pdf>

DISCIPLINARY ACTION QUESTIONNAIRE

If you have ever had an occupational license (not a drivers license) suspended, revoked, probated, or denied in any state, county or municipality, attach a completed Disciplinary Action Questionnaire and any attachments requested on the questionnaire for each sanction. This questionnaire is found at:
<http://www.tdlr.texas.gov/misc/Disciplinary%20Action%20Questionnaire.pdf>

FEES

The fee for this criminal history evaluation: determination of eligibility is **\$25**. All fees are non-refundable. Please send one check or money order for the total amount due, payable to TDLR. Fees and documents should be mailed to:

TDLR
PO BOX 12157
AUSTIN, TEXAS 78711

DOCUMENTS SUBMITTED WITH THE REQUEST WILL NOT BE RETURNED. KEEP A COPY OF THE COMPLETED REQUEST FORM, ALL ATTACHMENTS AND YOUR CHECK.

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REQUEST FORM FOR:

**CRIMINAL HISTORY EVALUATION LETTER:
DETERMINATION OF ELIGIBILITY—PROPERTY TAX PROFESSIONALS****DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW**

| RECEIPT NUMBER | FEE AMOUNT | PMT. AMOUNT | MONEY TYPE |
|----------------|---|----------------|---------------|
| | \$25.00 This fee is non-refundable. | | |

DO NOT WRITE ABOVE THIS LINE

**If you are submitting an application, do not submit this form.
This form is not part of the application process.**

1. Name:

Last First Middle Initial Suffix (JR, SR, III)

2. Date of Birth: _____ - _____ - _____**3. Female** ☐ **Male** ☐**4. Social Security No.:** _____ - _____ - _____**5. Mailing Address :** (P.O. Box is allowed for this address.)_____
Number, Street, Suite No., Apt. No. or P.O. Box_____
City State Zip Code**6. Phone Number :****Fax Number:**(_____) _____
Area Code Phone Number(_____) _____
Area Code Phone Number**Email Address:** _____ (Ex: johndoe@aol.com)**7. List All Names by Which You Have Been Known:**

8. License you will be seeking: (Check only one) (A separate request must be submitted for each license sought)

- ☐ Appraiser
☐ Collector
☐ Assessor—Collector

The criminal history questionnaire is found on the next page. You must complete one questionnaire for each crime for which you have been convicted or placed on deferred adjudication.

CERTIFICATION

I understand that the Department will ultimately base their decision on the information that exists at the time of any license application I may file. I further understand that providing false, inaccurate or misleading information on this request may result in denial and/or revocation of any future license I may request and the imposition of administrative penalties.

Date Signed_____
Signature (must be signed by the person who is the subject of this evaluation)



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CRIMINAL HISTORY QUESTIONNAIRE

The Department must review your criminal history to determine if you are eligible to obtain or retain a license. Depending on your criminal history, review can take from one to six weeks to complete. The assigned Department representative will contact you if necessary.

Complete this form if you have been convicted of a felony or misdemeanor, other than a minor traffic violation, or pleaded guilty or no contest (resulting in a deferred adjudication) to any criminal offense. Be specific and provide exact details. **Attach a separate form for each crime.**

Questions regarding this form may be addressed to the Department's Enforcement Division at enforcement@tdlr.texas.gov, or by phone at (512)539-5600.

Name: First _____ Middle _____ Last _____ SSN: _____ - _____ - _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ DOB: _____ E-mail: _____

County of conviction or deferred adjudication: _____ Court: _____
(example: Travis County) (example: 300th District Court)

Date crime committed: _____ Date of conviction or deferred adjudication: _____

Exact crime you were convicted of or received a deferred adjudication for: _____

What exactly did you do (crime) and why? (If you need more space to write, attach additional sheets) _____

Sentence or action imposed by the court: (example: six months in Travis County Jail) _____

For renewals, did this conviction occur since your license was last issued: _____ yes _____ no

Are you currently on probation? _____ yes _____ no Are you currently on parole? _____ yes _____ no
If so, list your reporting officer's name: _____ phone number: _____

Intentional failure to provide full and accurate information could result in delay of issuance or denial of your license.

Signature: _____ Date: _____